

Sally J. Turner
Logan County Clerk and Recorder

Logan County Courthouse
601 Broadway Street
Lincoln, Illinois 62656

Military Discharge (DD214) Request

Please fill out this form as required by state law:

Veteran's Name as Appeared on Record: _____

Branch of Service: _____

Reason for Request: (if requested by someone other than person who is subject of the record)

Signature of Veteran or Authorized Rep.: _____

Address: _____ City/State: _____

Phone: _____

Veteran or Authorized Rep. Social Security # or Driver's License #: _____

If veteran is deceased, please provide proof of death as an attachment to this request

(Ex: Voter registration card – see Elections Department, Death Certificate, Obituary)

**If veteran is living and someone other than the veteran is requesting
the record, written authorization from the veteran is also necessary.** (See below):

I, _____, the Veteran whose DD214 Record is being requested,
(Veteran's Name)

hereby state that _____ who is my _____ has my
(Requestor's Name) (Relationship to Requestor)

authorization to receive this record on my behalf.

X _____
(Signature of Veteran)

Do not send this completed form via fax or internet.

Illinois State Law requires we have the original completed form via mail.

Mail To:

Logan County Clerk & Recorder
601 Broadway Street
Lincoln, IL 62656

Questions: (217) 732-4148

Office Hours: Monday – Friday 8:30am-4:30pm